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CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	09/664,662
Filing Date	September 19, 2000
First Named Inventor	Todd M. Porter
Art Unit	2613
Examiner Name	Czekaj, David J.
Attorney Docket Number	022764.0101PTUS (11366.00001)

RECD

OCT 14 2004

Technology Center 2600

I hereby appoint:

 Practitioners at Customer Number 44124

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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 The above-mentioned Customer Number:

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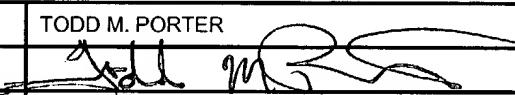
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Signature 

Date October 1, 2004

Telephone (214) 521-0806

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of one (1) forms are submitted.

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FORM

(to be used for all correspondence after initial filing)

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ENCLOSURES (check all that apply)

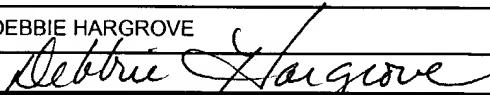
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ROBERT C. HILTON
Signature	
Date	OCTOBER 5, 2004

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